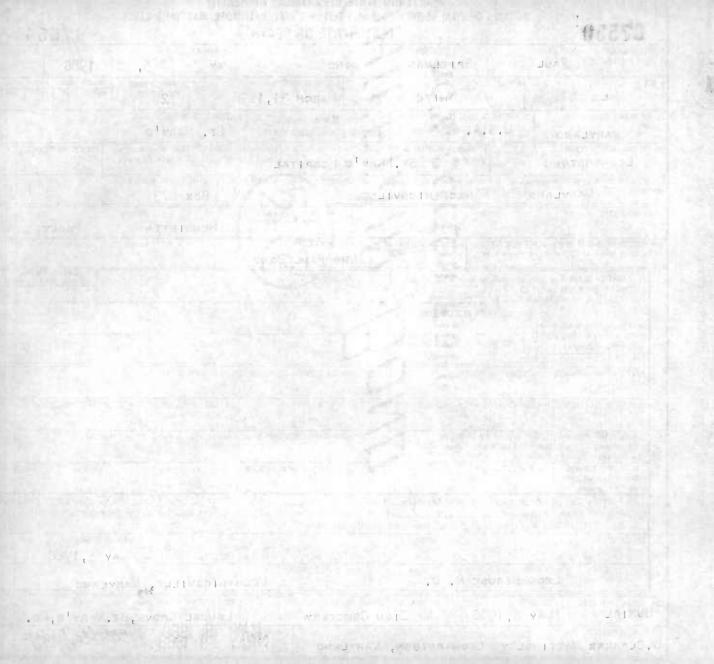
		07550					TE OF DEATH			75	54
		CEASED-NAME ype ar print)	First	Sp	Middle I ELMAN	Bon	Last	20. DATE	OF DEATH Manth 5, Do	1 1 98 8	2b. HOUR
	3. SE	MALE		4. RACE	WHITE		DATE OF BIRTH	596	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
1	coun	MARYLA	ND	U.S.A.		WIDOWED	1		MARY S		Md.
6	10. C	LEONARD		11. NAME give stree	OF HOSPITAL OR INS	TITUTION (If not VARY ¹ S	HOSPITA Coring	UAL OCCUPATI most of worki	ON (Kind af work dane ng life, even if retired.)	12b. KIND OF B INDUSTRY	USINESS OR
8	13a. admi	USUAL RESIDENCE (WH ssion) STATE MAP	RYLAND	ived, if institution: 13b_COUNTY ME	Residence before	13c. CITY OR TO			STREET AND NUMBER ox 273		
	14. F	ATHER'S NAME F	irst ?	Middle 7	Lost	7.15	MOTHER'S MAIDEN NAME		Middle NRIETTA	Pose	Last :Y
		WAS DECEASED EVER es, no, or unknown)	IN U.S. ARMED (If yes give wor or		. SOCIAL SECURITY N		PAUL BOND	,	Address		
		IB. CAUSE OF DEATH N PART I. DEATH N Canditions, if ony, w rise to immediate c stating the underlyi	NAS CAUSED BY IMMEDIATE (hich gave) ouse (a),(:	CONSEQUENCE OF	oto	in dete.	ruses	red nego	BETWEEN ON:	ATE INTERVAL ET AND DEATH
U.S.	NC	1992				N.	HE TERMINAL DISEASE OF				
X	CERTIFICATION	19a. DATE OF OPERATION	ON 19b. CON	DITION FOR WHICH	OPERATION WAS PER		20a. AUTOPSY? YES NO	CAU	IF YES, WERE FINDINGS SES OF DEATH?		TIFYING
	MEDICAL CER	21a. ACCIDENT WAS OR CONTRIBUTING (If either, notify med	CAUSE OF DEATH	P.M.	lanth Day Year				njury in Part I ar Part 2,	Item 1B.)	
		21d. INJURY OCCURR While Nat while at wark at work					TION Street ar R.F.D. N		ity or Tawn	County	State
			at (I) (this h ceased alive ed abaye, (I	ospitol) attend	ed the deceose hot view the l	d from 2 , and to ady after de	hat in (my) (our) of oth.	pinion deat	h occurred on the d		(I) (we) last nd fram the
		22b. SIGNATURE	n	43	ento	DEGREE		MED. DIRECTOR	_ STACE	DATE SIGNED V 5, 1968	5
1		22d. PHYSICIAN'S NAME (Type)		BERUBE M					SVILLE, MAR		
1	-	BURIAL, CREMATION, BRIMOYAL (Specify)	23b. DATE	8,1968		EMETERY OR CE	TERY	LAUR	TION (City or Town) EL GROVE, ST		(State)
2		FUNERAL DIRECTOR	ATTING	LEY LEON	ADDRESS	MARYLA	ND DATE	AY REGISTE IS	1968 REGIONAL	ELL BE	for

MAKILAND STATE DEPAKIMENT OF MEALTH



MAKTLAND STATE DEPAKTMENT OF HEALTH

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THE RESERVE OF THE PERSON NAMED IN

MARYLAND STATE DEPARTMENT OF HEALTH

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T	07553	DIVISION OF VITAL RECORDS,				7557
	DECEASED-NAME (Type ar print)		Comb	2 a.	DATE OF DEATH Manth 23 Do	2b. HOUR 3 32P
3.	SEX FEMALE	4. RACE	S. DATE O	3,1877	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7a.	BIRTHPLACE (State or foreign untry) MARYLAND	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER WIDOWED NEVER	MAKKIEU	MARY 6	M
0 10.	CITY OR TOWN OF DEATH LEONARDTOWN,	11. NAME OF HOSPITAL OR IN	STITUTION (If not in haspit	Home during mast af	UPATION (Kind of work done working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
8 adi	n. USUAL RESIDENCE (Where dece missian) STATE	ased lived, if institution: Residence before 13b. COUNTY - MARY S	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER	
	FATHER'S NAME First	Middle Last	1S. MOTHER"	S MAIDEN NAME First	Middle	Lost
	BENJAN			ELIZA		RMSWORTHY
16	a. WAS DECEASED EVER IN U.S. AI Yes, na, ar unknawn) (If yes give	superor dates of comical			Address ELL GREAT MI	Manus and
=	18 CALISE OF DEATH (Enter	anly ane cause per line far (a), (b), and (c).		FODORE KORS	ELL GREAT WI	APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUS	SED BY: DIATE CAUSE (a) Coronary	1. Consis			BETWEEN ONSET AND DEATH
	4-129 IMMEL	DUE TO, OR AS A CONSEQUENCE OF	, and the same of	TO A DESCRIPTION OF THE PERSON		4 4
	Canditians, if any, which gave rise ta immediate cause (a)	a) as Comment	ed arter	io selesos	LA	15 pers
	stating the underlying cause last.					
2	4201	ONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT N	OT RELATED TO THE TERM	MINAL DISEASE OR CONDITI	ON GIVEN IN PART 1(a)	
CERTIFICATION	19a. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS PE	YES	NO NO	20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	
MEDICAL CE		HOUR A.M. Manth Day Year niner) P.M.	9	OCCURRED (Enter natur	e af injury in Part 1 ar Part 2,	Item 18.)
ME	While Not while at work	e. PLACE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	(3)	Street ar R.F.D. Na.	City ar Tawn	Caunty State
	22a. I certify that (I) (4 saw the deceased causes stated abo	his hespital) attended the decease alive an	ed from Ako 968, and that in bady after death.	(my) (aur) apinian	to Key 25, 19 death accurred an the d	ate and haur and fram th
	22b. SIGNATURE	Of Bear WE		NDING MED.	STAFF []	DATE SIGNED 68
	22d. PHYSICIAN'S NAME (Type)	J. BEAN M. D.			MILLS, MARYL	AND
23			CEMETERY OR CREMATOR		LOCATION (City or Town)	(Caunty) (State)
24	I. FUNERAL DIRECTOR	ADDRESS		2Sa. REC'D BY REG	ISTRAR 25h REGISTRAR	ST. MARY 5, MO
	.CLARKE MATTIN	GLEY LEONARDTOWN,	MARYLAND	DATE IIIN	2 1968 gcl	carles Judge

311146 2 1677 2.2 81 17 O TYPIANT TE ENGIS BREEKE R ROBERRO HISKE LING SAMOYOMUS, Selection Appropriate Signal Additional Company of the Company of Pathdwikin A 113 THE LEWIS THE PROPERTY ASSESSMENT ASSESSMENT AND ASSESSMENT ASSESS DIRECTOR CARLES CONTACT TAY STATES ... FOLD SAGE DEMETERY MY SEELS CONTACT TALLED CO. ...

Light of the state of the state

100	DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7558
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month Day	Yeor 2b. HOUR
· 5 5 5	(Type or Print) CHARLES HENRY DUBOIS CHARLES TO THE STITE OF THE STI	168 7:05W
delay A3. Pa A3. Pa	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c, DATE PRONOUNCED DEAD	2d. HOUR
M3. P	Male White 5/23/1923 lost birthdoy) MONTHS DAYS HOURS MIN. Month May 7 Ye	19 68 7:05M
22,0	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED XNEVER MARRIED 9. COUNTY OF DEATH	1700 7.03
arm,	COUNTRY) VERMONT USA WIDOWED DIVORCED St. Mary's	84.
hin 24 haurs after death, neil in Item 18. Give Pages 1, niner's Office alang with farm pages 1 and 2 with the State De hours after death.	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (Find in hospital 12a 1/5UAL OCCUPATION (Kind of work done 1/2b Ki	ND OF BUSINESS OR
after death 8. Give Pago alang with the Star eath.	give street oddress) during most of warking life, even if retired.) INDUST	RY
Given Grive and the	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13d. STREET AND NUMBER	USN
s afte 18. Gi alan 2 with death	odmission) SIAIE 13b, COUNTY on The State of	Tourington
haurs Item 18 Office 1 and 2 v	Md. ST. MARYS Lexington 15 NO 19 Levin Drive	
of the last		losiPark
hin 24 ncil in I niner's pages I hours o	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECIENTY NO 17 INFORMANT ADDRESS	ER
within pencil xamine ile page 72 hou	(Yeyres unknown) (WWTI or doles of service) 224 52 7403 MRS. MARGARET NUBOIS SAME AS #13E	1
executed with nding" in per Medical Exam permit. File p		APPROXIMATE INTERVAL
utec griffi	PART I DEATH WAS CAUSED BY	ETWEEN ONSET AND DEATH
be executed "pending" in nief Medical E ansit permit. F event within	MMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease	
e e e e e e e f N e f N sit	Canditions, if ony, which gove)	
d b rd : Chii trar	rise to immediate couse (o), (0) FRILLY TIVET	
shauld be e ne ward "pei io the Chief i burial-transit	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
e sh to bu d ir	(t)	
This certificate shauld be executed within 24 isate, writing the ward "pending" in pencil in be farwarded to the Chief Medical Examiner's d be used as a burial-transit permit. File pages ar remaval, and in any event within 72 hours	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
certif , writi arwar used maval	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) PRIMARY OR CONTRIBUTING P.M. 19 21d. INJURY OCCURRED 121e PLACE OF INJURY Month, Doy, Year P.M. 19 21d. INJURY OCCURRED 121e PLACE OF INJURY (4t home form street) 21f. IOCATION Street or P.E.D. No. (it or Town)	O. AUTOPSY?
farr farr farr e us	WAS PERFORMED?	YES NO
	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.)	ILD XX NO
= 7 =	PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19	
IINER: Tiles shauld be files. 3 should labout a should labout	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Coun	ity Stote
EXAMINER: cute the certi age 4 shauld r yaur files. Page 3 shou I, crematian,	WHILE NOT WHILE of foctory, affice building, etc.)	11 31016
L EXA cecute Page far yau		
ICAL E executar. Page ed far CTOR: burial,		and in my apinian
JIY DICASION TAY, please e eral directar be retained RAL DIRECT priar ta bu	death resulted from: Natural causess X, Accident , Suicide , Hamicide , Undetermined manner	
er de dir	ACTUAL AND AND CHIEF MEDICAL EXAMINER L	
JTY ry, era be be pri	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED DEPUTY MEDICAL EXAMINER May 9,	
o DEPUTY SICAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained far your 5 FUNERAL DIRECTOR: Page Health priar to burial, crem	LAMINUERS	1700
necessary, please the funeral direct 5 may be retaine TO FUNERAL DIRECT Health priar ta b	Edward F. Wilson, M.D.	(54.4.1)
1	REMOVAL (Specify)	(Stote)
THE RESERVE	BURIAL 5/13/68 ARLINGTON NATIONAL CEM. ARLINGTON, VA. 24 FLUMPAL DIRECTOR 250. REGISTRAR 250. R	DL
VR A15ME (5)	m. Volet	
10M REV. 1/68	JOHN M. WELCH - LEONARDTOWN, MD. DAIE MAY 1 3 1968 Milande	mon

MAKILAND STATE DEPAKTMENT OF REALTH

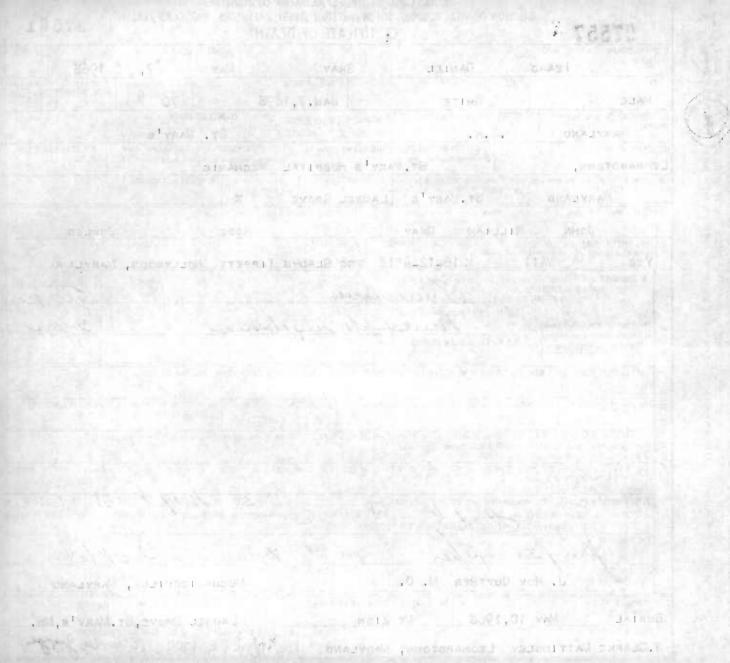
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FOR STATE	07555		NER'S CERTIFICATE OF D		07559
HEALTH DEPT.	1. DECEASED-NAME	irst Middle		20. DATE KNOWN Month	
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Pa 3	3. SEX 4. RACE		5. AGE (In years IF UNDER 1 YEAR IF UND	DER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
	Male Whit	e 6-23-1903	64 YRS. MONTHS DAYS HOURS	Month Doy 5	Year 19 68 6 a
appd 12, 2	o. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIEDXX NEVER MARRIED		· 00 0 a
orn, 2,	NEW YORK	U.S.A.	WIDOWED DIVORCED	St. Mary's	M
ve Pagey y with o	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	OR INSTITUTION (If not in hospitol 120.	. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY DEPT. OF
thaurs ofter death litem 18. Give Pager 1 Office along with form 1 and 2 with the State b ofter death.	LEONARDTOWN	give street oddress) St. Mary's	Hospital FO	ing most of working life, even if retired.) REMAN - TRANSPORATION TY LIMITS? 13e. STREET AND NUMBER	I PUBLIC WORKS
s offer 18. Give along along death.		eosed lived, if institution: Residence b			THOUSE WORKS
75 o 18 de	odmission) STATE Md	13b. (guyiy Mary's	California YES -	NO X 115 Baringer	r Dr. Cal., Md
them 19 Office office office of the d	14. FATHER'S NAME First	Middle	lost IS. MOTHER'S MAIDEN NAM	AE First Middle	Lost
24 in 1 r's (rs o	ELIAS			GUSSIE	STARK
nould be executed within 24 word "pending" in pencil in the Chief Medical Exominer's riol-transit permit. File pages nony event within 72 hours	(Yes, no, or unknown) (If yes	give war or dates of service)		IRLICH. 115 BARTNGE	R DRIVE
with with person Exon File		080-12-		RLICH, CALIFORNIA,	MARYLAND
be executed "pending" in ite Medical E. insit permit. Fi event within	PART I DEATH WAS CAL	only one cause per line for (o), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
xecuted nding' ii Medical permit. nt withir	IMME	DIATE CAUSE (o) Arter	iosclerotic Cardiov	ascular Disease	
be exeripendi	Conditions, if ony, which gov	DUE TO, OR AS A CONSEQUENCE	CE OF		
d b d b Chie fron y ev	rise to immediate cause (a	(b)	TP OF		
should be one word "perion the Chief buriol-transit I in ony ever	stoting the underlying cous	DUE TO, OR AS A CONSEQUENCE	Lt Ur		
i S e St	-	MOITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE O	D COMPLETON ON THE IN PART 1/ 1	
This certificate should itote, writing the word be forwarded to the Cl dbe used as a buriol-tra ar removal, and in any	42)1	NUTTIONS CONTRIBUTING TO DEATH BUT	NOT KELATED TO THE TERMINAL DISEASE O	K CONDITION GIVEN IN PART 1(0)	
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his cote, e for e for rem	TIEG	WAS PERFOR	MED?		YES NO
	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY Month, Doy HOUR A.M.	, Yeor 21c. HOW INJURY OCCURRED	(Enter nature of injury in Port 1 or Port 2,	Item 18.)
INER: T se certifica shauld b files. 3 should nation, ar	PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21	P.M.	19		
		e. PLACE OF INJURY (At home, form, stre foctory, office building, etc.)	eet, 21f. LOCATION Street or R.F.D. I	No. City or Town	County Stote
DEPUTY SICAL EXAM ressary, please execute the funerol director. Page 4 may be retained for your FUNERAL DIRECTOR: Page solth prior to burial, cren	WHILE NOT WHILE AT WORK				
ICAL E to executor. Paged for CTOR: burial,			cribed above, held an Autopsy 🔯	Inspection , Inquiry	, and in my opinion
Se e ctor ctor ned hed bu	death resulted from	Natural causes 🔀, Acci	dent 🔲, Suicide 🔲, Hamie	cide 🔲, Undetermined manner	
please e director retained DIRECT or to bu	ACTUAL O	1911/11		AL EXAMINER	
ry, ple erol di be reth RAL D	SIGNATURE Com	of Michie	1000	EDICAL EXAMINER 22b. DATI	
DEPUT ecessary e funer moy be FUNER.	EXAMINER'S			ICAL EXAMINER	May 6, 1968
necessary, please extremely please extra function. S may be retained to FUNERAL DIRECTO Health prior to bur	NAME (Type) Rona 1 230. BURIAL, CREMATION, 2	d N. Kornblum, M.	OF CEMETERY OR CREMATORY	eet, city, town, or county)	15. 15.
5	REMOVAL (Specify) BURIAL	Z3C. NAMI		23d. LOCATION (City or Town)	(County) (Stote)
	24. FUNERAL DIRECTOR		DAVID CEMETERY DDRESS 250. RE	ELLMONT, LONG IS I	SIGNATURE
VR A15ME (5)		ROS. 6010 REISTE		1000	res judges

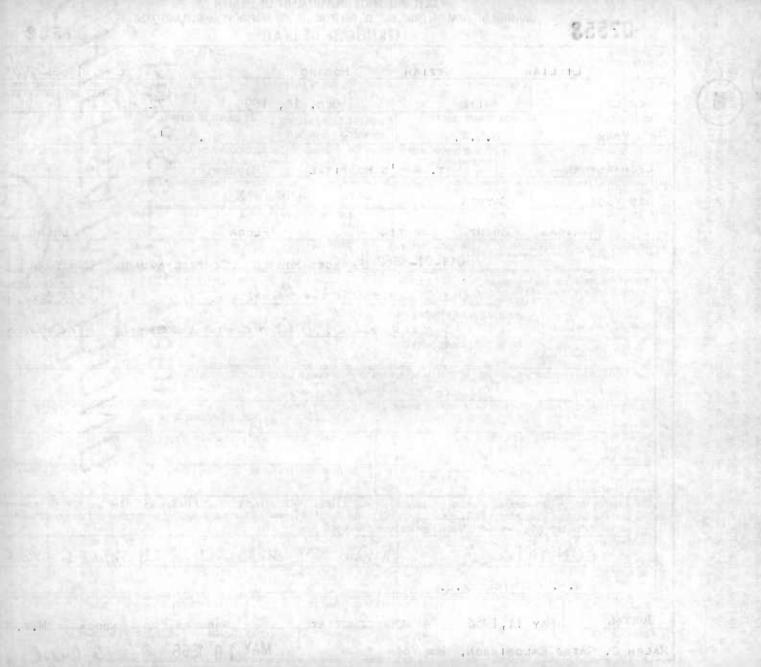
MARYLAND STATE DEPARTMENT OF HEALTH

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<u>₹</u> -2±		CEASED-NAME First	Middle		Lost	2o. DAT	E OF DEATH	Van	2b. HOUR P
neral and 2 death.	(1	ype or print)	AN KEZIAH		HOWARD		Month Day	1968	5:40M
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3. SE	X	4. RACE		S. DATE OF BIRTH	100000000000000000000000000000000000000	6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.
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	7o. l	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNT	OF DEATH		
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nin 24 filled pape thin 7.	10. (ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR I	NSTITUTION (If n	ot in hospital	20. USUAL OCCUPA	TION (Kind of work done	12b. KIND OF B	JSINESS OR
equires that the death certificate be executed within 24 hphysician. signed by the attending physician and completely filled in burial-transit permit. Then please remave carban papers burial, crematian, ar remaval, and in any event, within 72 h		LEONARDTOWN	give street oddress)	Y's Hos	PITAL	Housew	king life, even if retired.)	INDOSIKI	17 15 4
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tho by transfer		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE O	F					
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by 19 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers Peled with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs		PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT		O THE TERMINAL DISE	ASE OR CONDITION	GIVEN IN PART I(o)		
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e lo fren as b as	CERTIFICATION	190. DATE OF OPERATION 190. C	CONDITION FOR WHICH OPERATION WAS	PERFORMED	20o. AUTOPSY?		USES OF DEATH?	MOIDERED IN CER	HITTING
e he use	ERTI	21o. ACCIDENT WAS UNDERLYIN	IG 21b. TIME OF INJURY	21. 4	OW INJURY OCCURRE	NO X	injury in Port 1 or Port 2, I	tom 1D \	
al o al o ficat far He		OR CONTRIBUTING CAUSE OF DEATH	H HOUR A.M. Month Doy Yes		OW INJUNI OCCURRE	D (ciliel liolole of	injuly in Poll 1 of Poll 2, 1	Telli TD.)	
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PHY e ho nis o tack		While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	211. [JCATION Sireer of F	C.I.D. 110.	city of fown	Coomy	31010
th the de	25	of work of work	is beenital) attended the decen	sed from	May 4	19/08 to	Man 6 191	oV that	() (web-lect
Aft be Street		saw the deceased al	is haspital) attended the deced live on Na 6	1968, an	d that in (my) (apinian dec	ith accurred on the da	te and hour o	nd from the
OR: acife		causes stoted above	e, (I) (www) (did) (did not) view th	e body after	deoth.				
Per response		22b. SIGNATURE	21-1	IND.	ATTENDING	MED.	STAFF -	DATE SIGNED	-1968
De Se		1,40	umoli	M Jodgi	1111111	DIRECTOR	LI PHYS. LI	May 6	1760
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VR A15 (4) 30M REV. 1/68			BALDWINSON, NEW YO	RK		MAY 10	1968 PClia	well O.	1.0
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W.CLARKE MATTINGLEY LEONARDTOWN, MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17566 CERTIFICATE OF DEATH Tuneral 1 and 2 er death Middle Lost DECEASED-NAME First 20 DATE OF DEATH 2b. HOUR after death. (Type or print) 1968 GEORGE H LASSERRE signed by the attending physician and campletely filled insby, the forse burial-transit permit. Then please remave carban papers. Pages 1 burial, crematian, ar remaval, and in any event, within 72 haurs after a 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years last birthday) DAYS HOURS 8/16/1880 MALE WHITE within 24 haurs 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED A NEVER MARRIED 9. COUNTY OF DEATH FRANCE U.S.A. ST. MARY, S WIDOWED [DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address WOOD during most of working life, even if retired.) INDUSTRYD I KILL HOLLYWOOD Md. 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed odmission) STATE MARYLAND YES NO MARY .S HOLLYWOOD HOLLYWOOD MARYLAND 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle UNKNOWN UNKNOWN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) 220-34-8475A MISS LAUIRE GRAND HOLLYWOOD. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (q). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couses PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Page 4 may be retained by the haspital ar attending has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO [FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Yeor 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING. ETC. City or Town County Stote While Not while at work 220. I certify that (I) (this hospital) attended the deceased fram_ and that in (row) (our) opinian death accurred on the date and have and fram the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) LEON W. BERUBE . MECHANICSVILLE. MD. 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) MAY 14, 1968 ST. ALOYSIUS CEMETERY LEONARDTOWN ST. 1968 REGISHOARS SIGNATURE MARY'S 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR

LEONARDTOWN, MD.

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WELCH

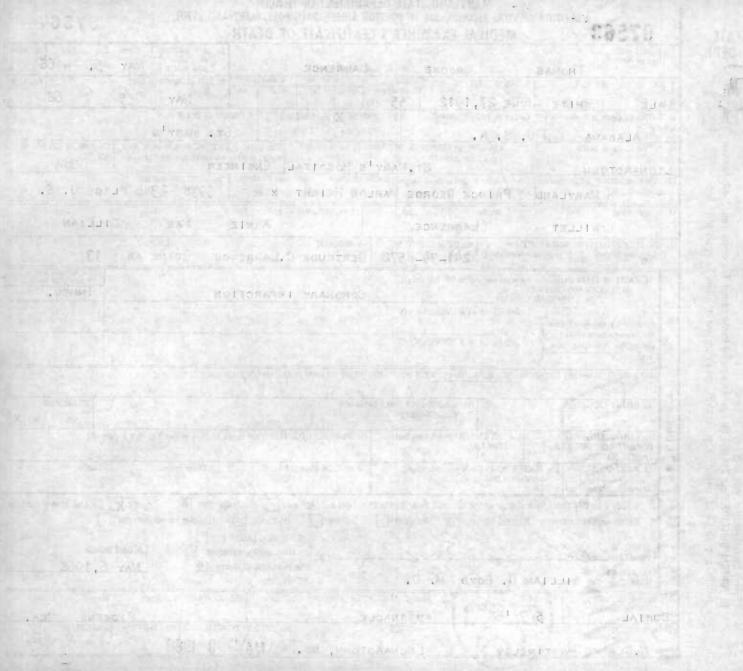
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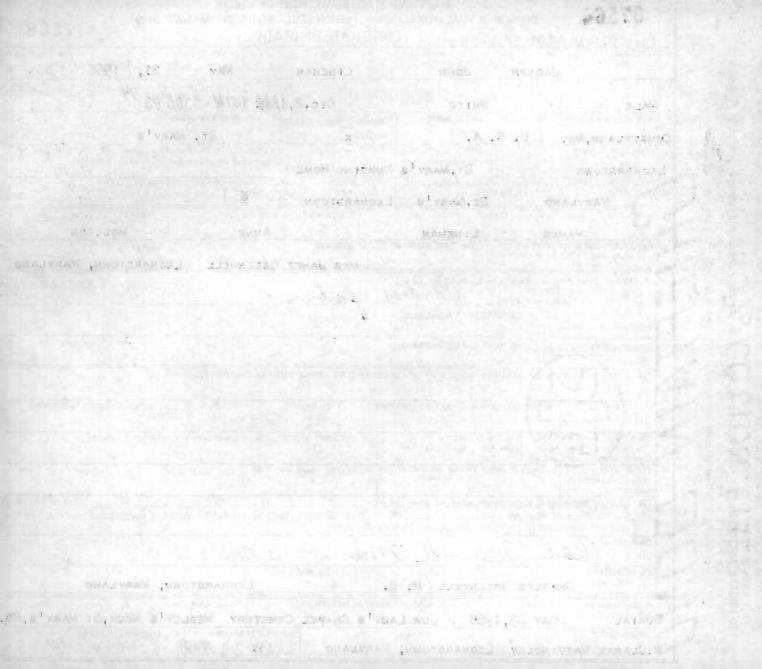
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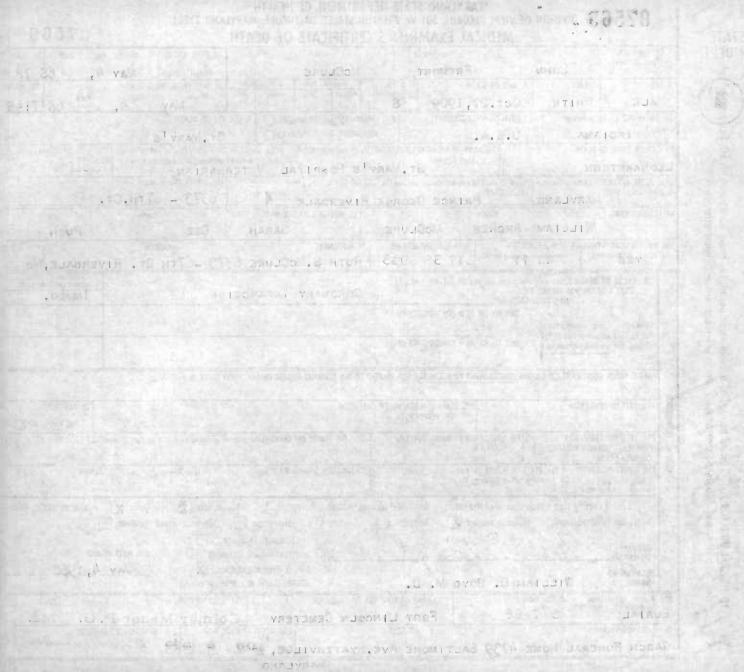
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17567 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle First 20. DATE KNOWN Month Yeor 2b. HOUR (Type or Print) ESTI-MAY 0 BROOKS LAWRENCE 19 THOMAS DEATH MATED delay 6. AGE the years IF LINDER 1 YEAR IF UNDER 24 HRS 3. SFX A RACE S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR pup last birthday) Day Year 68 JUNE 27, 1912 19 WHITE MALE 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH Dep 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm WIDOWED [DIVORCED [ST. MARY'S U. S. A. Md ALABAMA Give Pages the State 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR after death INDUSTRY GSA during most of working life, even if retired.)
ENGINEER give street oddress) ST. MARY'S HOSPITAL LEGNARDTOWN 13d. INSIDE CITY LIMITS? land 2 with death. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER Odmission) STATE MARYLAND 13b. CHATYNCE GEORGE MARLOW HEIGHT YES KI NO 5938 23RD PLACE S. E. in Item 18. 24 haurs after 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle WILLET ANNIE MAE GILLIAN LAWRENCE haurs pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? within 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes no, or unknown) 241-34-8572 GERTRUDE C.LAWRENCE SAME AS File APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH within .= be executed 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. pending PART I. DEATH WAS CAUSED BY CORONARY INFARCTION MMED. IMMEDIATE CAUSE (o). event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a). in any e certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6) 0 SD removal CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This the certificate, NO TX YES T pe 0 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Year shauld PRIMARY OR CONTRIBUTING MEDICAL HOUR A.M. crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE AT WORK Page please execute burial, Inspection X 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inquiry & and in my opinion directar. death resulted fram: Natural causes Accident Suicide [Undetermined manner Hamicide 5 mu, TO FUNERAL Health prior to CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER funeral DEPUTY MEDICAL EXAMINER MAY 6.1968 **EXAMINER'S** D. WILLIAM D. BOYD ADDRESS(Street, city, town, or county) NAME (Type) the 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 6/9/168 BURIAL PICKENS ABERNACLE 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Ochanles 1968 VR A15ME (5) MO DATE W. CLARKE MATTINGLEY LEONARDTOWN. 10M REV. 1/68



N 1		OI W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		ERTIFICATE OF DEATH	7568
= -2=	1. DECEASED-NAME First Middle	Last 2a. DATE OF DEATH	2b. HOUR
death death	(Type ar print) JOSEPH JOHN	LINEHAN MAY Month 21, Day	968 ^{Year}
in 19 75	3. SEX 4. RACE	S. DATE OF BIRTH 1871 6. AGE (In years)	IF UNDER 1 YEAR 1F UNDER 24 HRS.
青春草	MALE WHITE	S. DATE OF BIRTH 1871 6. AGE (In years 94 M) DEC. 2, 1542 1871 9395 98 YRS.	NONTHS DAYS HOURS MIN.
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an an	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give war or dates of service)	. 17. INFORMANT Address	,
ohys	163, III., UI OIIKIIUWII)	MRS JANET GREENWELL LEONARDTO	WN. MARYLAND
ng ng The	18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) PART I. DEATH WAS CAUSED BY:	, ~/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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atte perr on,	DUE TO, OR AS A CONSEQUENCE OF		
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The after the has	7H1	YES NO CAUSES OF DEATH?	
ar are		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Itel	m 18.)
CIA Fifting Fi	GOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deaft Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filter to the concrading director, page 3 should be detached for use as the buriol-transit permit. Then please remave carbon pagers, Page 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within the concrete deapted and the state Dept. of Health prior to burial, cremation, ar removal, and in any event, within the state Dept.	While Nat while (OFFICE BUILDING, ETC.	21f. LOCATION Street ar R.F.D. Na. City ar Tawn	Caunty State
V th	22a. I certify that (I) (this hospital) attended the deceosed	from, 19, to, 19	, that (I) (we) las
Aft Aft e St e St	saw the deceased alive an	and that in (my) (aur) aninion death accurred on the date	ond hour and from the
OR:	causes stated abave, (I) (we) (did) (did nat) view the ba		
retorement	22b. SIGNATURE (B.C. DAGO COLO)	MED. STAFF	TE SIGNED
L ol be	224 DEVECTARIS	DEGREE PHYS. DIRECTOR PHYS. DIRECTOR DI	
RAL Po Pe f	22d. PHYSICIAN'S NAME (Type) CHARLES GREENWELL M. D		AND
OSP JNE ctor uld	_ \		
direction of the state of the s		DY'S CHAPEL CEMETERY MEDLEY'S NECK	(Caunty) (State)
0	24. FUNERAL DIRECTOR ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SI	
30M REV 1/68	W. CLARKE MATTINGLEY LEONARDTOWN,		les Judge
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MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 .7571 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR the death certificate be executed within 24 haurs after death. (Type or print) Month Day 1968 ERNEST PILKERTON MAY MITCHELL after 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Pages last birthday) CAYS HOURS WHITE SEPT. 15.1905 MALE papers. Pag hin 72 hours a 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED X NEVER MARRIED (ountry) WIDOWED [ST. MARY S U. S. A. DIVORCED [MARYLAND and campletely filled and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) ST. MARY'S HOSPITAL CIVIL SERVICE INDUSTRY please remave carban LEONARDTOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO X ST MARY 1 5 MARYLAND CLEMENTS 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle ERNEST PILKERTON MARGARET GATTON MITCHELL attending physician permit. Then please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address MARYLAND Yes, no, or unknown) 1 (If yes give war or dates of service) burial, crematian, ar remayal, NELLIE A. PILKERTON ROUTE 2 BOX 121 CLEMENTS, 086-14-2788 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave burial-transit rise ta immediate couse (o), requires that signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) D FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the startle be filed with the State Dept. af Health prior to ATTENDING PHYSICIAN: The law 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [YES [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature af injury in Part 1 or Part 2, Item 1B.) HOUR A.M. OR CONTRIBUTING CAUSE OF OEATH Manth Day Year P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 220. I certify that (1) (this hospital) oftended the deceased from... My 3 1821, and that in (my) (our) opinian death accurred on the date and hour and from the saw the deceased alive on___ couses stoted obove (1) (we) (did (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. STAFF DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) LEON BERUBE. M.D. MECHANICSVILLE. MARYLAND 23a. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BURIAL 0 MAY 6.1968 CEDAR HILL CEMETERY SUITLAND PRINCE GEORGE MARYLAND 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Charley 1968 DATE MAY 9 30M REV. 1/68 W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND

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MAKILAND STATE DEPAKTMENT OF HEALTH

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OR De role 3 ed w	Robert P. Fucks, M.D. DEGREE PHYS. DIRECTOR DIRECTOR PHYS. 5/9/68	
AL Day by	22d. PHYSICIAN'S 22e. ADDRESS	
SPIT FR m ar,	NAME (Type) ROBERT FUCHS M.D. LEONARDTOWN, MARYLAND	
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MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 87570 . 7574 CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) the funeral PEARL. SHANNON SCHLUP 1968 6. AGE (In years S. DATE OF BIRTH IF UNDER I YEAR IE LINDER 24 HRS SEX 4 RACE last birthday) OAYS HOURS and campletely filled in by the MONTHS 8/20/1900 FEMALE WHITE 67 burial-transit permit. Then please remave carban papers. Paç burial, crematian, ar remaval, and in any event, within 72 haurs, 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign B. MARRIED NEVER MARRIED NORTH DAKOTA USA WIDOWED DIVORCED ST. MARYS 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 10 CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.)
HOUSEWIFE DOMESTIC DOMESTIC CALIFORNIA 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN admission) STATE 13b COUNTY NO T YES RT.2 BOX 219 MARYS CALIFORNI MD. 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle GEORGE SHANNON SARAH MULALLY 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes_no, ar unknawn) 578 64 5906 SAME AS # 13 EESTER SCHLUP APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO | 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased, from May 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF PHYS. DEGREE PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) W.H.PATRICK M.D. LEXINGTON PARK. MARYLAND 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION 23b. DATE (County) REMOVAL (Specify) 5/25/68 ROCK CREEK CEM. WASHINGTON . D. C. 2Sa. REC'D BY REGISTRAR ADDRESS 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 WELCH - LEONARDTOWN, MD. MAY DATE

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